

PAYMENT NOT REQUIRED FOR 1, 2, OR 3 FAMILY DWELLING HOUSES

CITY OF CINCINNATI
Department of Buildings and Inspections
Room 328, City Hall
Cincinnati, Ohio 45202

ENGINEERING CHANGE

DATE: _____

COMPLETE IN INK - PLEASE PRINT

Street & Number Location _____ **Zip Code** _____

Submitted to: _____
(Plans Examiner)

(NOTE) Section 1101-28.2 of the COBBC limits the use of this form only to minor changes in the work. Submit four completed forms with four sets of plans or specifications.

PLAN NO.: _____

DESCRIPTION OF CHANGE(S):

APPLICANT: _____

TITLE: _____

PHONE: _____

MAIL TO:

RECEIPT #: _____

FOR OFFICIAL USE ONLY

APPROVED BY:

PLAN: _____

ZONING: _____

M.S.D.: _____

STORMWATER: _____

OTHER: _____

Route to:

Housing

☐

GBI

☐

HVAC

☐